

APPLICATION FOR CONDITIONAL USE

VILLAGE OF COVINGTON, MIAMI COUNTY, OHIO

APPLICATION  
NUMBER \_\_\_\_\_

The undersigned request a conditional use permit for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in the application any conditions or safeguards required by the Board. If this use is discontinued for a period of more than three months, this permit shall automatically expire.

1. Name of Applicant \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Number (home) \_\_\_\_\_ Business \_\_\_\_\_
2. Locational Description: Subdivision Name \_\_\_\_\_  
Section \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_ Lot # \_\_\_\_\_  
(If not in a platted subdivision attach a legal description)
3. Existing Use \_\_\_\_\_
4. Property Presently Zoned As \_\_\_\_\_
5. Description of Conditional Use \_\_\_\_\_
6. Supporting Information: Attach a plan for the proposed use(in triplicate) showing the location of building, parking, and loading areas, traffic access, and circulation drives, open space, landscaping, utilities, signs, yards, and refuse and service areas. Also attach a narrative statement relative to the above requirements and also explain.

Signature \_\_\_\_\_ Date \_\_\_\_\_

3/2011